PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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5 TOTAL PTO-875						Appli	cation or Docke	1 Number	
(CLAIMS AS FILI	ED - PARTI					0015	108	
FOR	FOR NUMBER FILED		(Column 2)	SM	IALL ENTITY	OR	OTI SMA	HER THAN LL ENTITY	
BASIC FEE (37 CFR 1.16(a))		ED N	NUMBER EXTRA		E FEE			1	
TOTAL CLAIMS					\$		RATE	FEE	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	mino	20=		× s		OR			
(37 CFR 1.16(b))	minu	s 3 = ·		11-7		OR	× \$	=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				× \$		OR	X \$		
• If the difference in colum	+ \$	=	OR	+ \$ =					
	ТОТА	L	OR	TOTAL					
CLAIN	IS AS AMENDE	D - PART II					TOTAL	L	
(C	olumn 1)	(Column 2							
4	CLAIMS	HIGHEST		SMA	LL ENTITY	OR	OTHE	ER THAN L ENTITY	
2	EMAINING AFTER	NUMBER PREVIOUSL	PRESENT	RATE	ADDI-	7		CENTITY	
S Total ·	ENDMENT Minus	PAID FOR			TIONAL		RATE	ADDI- TIONAL	
(37 CFR 1.16(c)) 2 Independent .	Minus	123	=	×s	FEE	-	-	FEE	
(37 CFR 1.16(b))	Minus	1	=	\\ \	=	OR	× 5		
FIRST PRESENTATION	OF MULTIPLE DEPEN	DENT CLAUS		X \$	=	OR	× \$ =		
		DENT CLAIM (37)	CFR 1.16(d))	+ \$	=	OR	+s =		
			·	TOTAL ADD'L FEE		1 '	TOTAL		
	lumn 1)	(Column 2)	(Column 3)		<u> </u>	OR	ADD'L FEE		
REA	LAIMS MAINING	HIGHEST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 ,			
A	FTER NDMENT	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-		RATE	ADDI-	
Total • (37 CFR 1.16(c))	Minus	PAID FOR		 	TIONAL FEE			TIONAL	
Independent (37 CFR 1.16(b))	Minus	***		x \$=		OR	v *	FEE	
(3) (1) (1) (1)			=	X \$ =		i	× \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	× \$=		
				TOTAL		_	+ \$=		
(Calu				ADD'L FEE			TOTAL ADD'L FEE		
	mn 1)	(Column 2)	(Column 3)						
REMA	AINING TER	HIGHEST NUMBER	PRESENT	RATE					
AMENI	DMENT	PREVIOUSLY PAID FOR	EXTRA	KAIE	ADDI- TIONAL		RATE	ADDI-	
Total • (37 CFR 1.16(c))	Minus	44	=	 	FEE			TIONAL FEE	
Independent (37 CFR 1.16(b))	Minus	***	=	× \$=		OR >	(\$ =		
FIRST PRESENTATION OF	X \$=		OR X	s =					
FIRST PRESENTATION OF	+\$ =								
If the				TOTAL ADD'L FEE			S =		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter							DD'L FEE		
If the "Highest Number De		M THIS SPACE IS	iless than 20 and	er "20".					
The *Highest Number Pre	viously Paid For" (To required by 37 CFR	otal or Independe	nt) is the highest r	o. number found in	the appropriate t	MY in colu-			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.